

EXHIBIT “K”

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1408-1411

<p style="text-align: right;">Page 1408</p> <p>1 Direct - Kampers</p> <p>2 statins and aspirin and medicine to help him --</p> <p>3 help him sleep. At the time that I saw him, he</p> <p>4 admitted to me that he -- he had been drinking</p> <p>5 alcohol to excess, but there wasn't any history of</p> <p>6 any -- of any other -- of being -- any other</p> <p>7 substance abuse. So he -- he -- he did have a</p> <p>8 history of having suffered with, you know,</p> <p>9 suffering with anxiety and depression but had never</p> <p>10 ever before I saw him ever been diagnosed with</p> <p>11 either posttraumatic stress disorder or complex</p> <p>12 posttraumatic stress disorder. And you know, they</p> <p>13 -- there was no -- there was no history or evidence</p> <p>14 to support that this was in any way a preexisting</p> <p>15 condition.</p> <p>16 Q. Preexisting meaning preexisting before</p> <p>17 what?</p> <p>18 A. Well, before the -- before the events</p> <p>19 that unfolded after the whistleblowing, the</p> <p>20 whistleblowing incident, and you know, in his role</p> <p>21 as -- as you know, in his role when he was in</p> <p>22 financial arbitration and you know, when he -- when</p> <p>23 he -- you know, in connection with the whole</p> <p>24 whistleblowing which of course is what this case is</p> <p>25 really about and he, you know -- he told me that in</p>	<p style="text-align: right;">Page 1410</p> <p>1 Direct - Kampers</p> <p>2 a space launch and have all these computers and</p> <p>3 activities around you and the environment he was</p> <p>4 working in even in recently in his home was just an</p> <p>5 environment that he was just constant very, very</p> <p>6 high levels, high levels of stress, and it was</p> <p>7 towards the end of each day when he was finally</p> <p>8 able to disconnect from that that he would then</p> <p>9 describe these dissociative episodes he described</p> <p>10 in his dissociative seizures that because I</p> <p>11 witnessed these before, you know, it was very clear</p> <p>12 to me that those were stress-related dissociative</p> <p>13 symptoms that he was experiencing on a regular</p> <p>14 basis.</p> <p>15 So yes, he had been treated on various</p> <p>16 medications at the time that I -- at the time that</p> <p>17 I saw him, but in terms of how he presented, I am</p> <p>18 going to describe to you exactly what it was in my</p> <p>19 additional -- my initial -- my initial diagnosis</p> <p>20 and treatment on him was a man who not only had</p> <p>21 complex PTSD but was demonstrating all of the</p> <p>22 symptoms of amygdala hijack. In those situations,</p> <p>23 the only way that you can try and help calm the</p> <p>24 situation down that you have to try to quiet him</p> <p>25 down the safety sense of the amygdala, and in my</p>
<p style="text-align: right;">Page 1409</p> <p>1 Direct - Kampers</p> <p>2 his role that, you know, towards the end of 2016 he</p> <p>3 -- I think it was 2016, he said that the company --</p> <p>4 that he suffered criminal activity within the</p> <p>5 company and that he felt duty-bound to respond to</p> <p>6 the appropriate authorities and that, you know,</p> <p>7 subsequent to that, you know, the stress levels and</p> <p>8 the harassment that he was subjected to really</p> <p>9 resulted in the -- you know, the development of</p> <p>10 posttraumatic stress disorder and complex</p> <p>11 posttraumatic stress disorder, and I don't think</p> <p>12 that he has ever recovered from this.</p> <p>13 Every single time I have seen him, he</p> <p>14 has really demonstrated very, very profound -- very</p> <p>15 profound symptoms. And highly stressed and you</p> <p>16 know, in a state of 24/7 very high levels of</p> <p>17 anxiety. And he actually mentioned he was in one</p> <p>18 -- in a recent Zoom session, he actually -- he</p> <p>19 actually took his computer and actually showed me</p> <p>20 the sort of environment that he was working in and</p> <p>21 to -- it looked to me there were so many computers</p> <p>22 that were surrounding him, all with the type of</p> <p>23 thing that you would see in financial institutions,</p> <p>24 it almost looked to me like -- like the type of</p> <p>25 environment you would see, you know, when you watch</p>	<p style="text-align: right;">Page 1411</p> <p>1 Direct - Kampers</p> <p>2 experience, the most effective medication for that</p> <p>3 is a medication called Pregabalin, which is used in</p> <p>4 various disciplines in medicine. It's used by</p> <p>5 neurologists, it's used by pain physicians, and</p> <p>6 it's used by psychiatrists, in fact, in the UK.</p> <p>7 Pregabalin is licensed for the treatment of</p> <p>8 generalized anxiety disorder, and when you use</p> <p>9 Pregabalin in combination with a small dose of a</p> <p>10 benzodiazepine, something like diazepam which the</p> <p>11 main public would know as Valium, it really does</p> <p>12 help to calm down the amygdala, and that was what I</p> <p>13 initially recommended that he needed. He needed to</p> <p>14 be on this combination of medication in order to</p> <p>15 try and you know, quiet down his amygdala and take</p> <p>16 -- at least take some of the edge off the very,</p> <p>17 very high levels of stress that he was under.</p> <p>18 Q. Dr. Kampers, just a few more questions</p> <p>19 and I appreciate your time. Do you still see</p> <p>20 Simon?</p> <p>21 A. Yes.</p> <p>22 Q. As a patient?</p> <p>23 A. I mean, there have been times where</p> <p>24 Simon has -- there have been times where Simon has</p> <p>25 of his own volition recognized that, you know, both</p>

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<p style="text-align: right;">Page 1412</p> <p>1 Direct - Kampers</p> <p>2 him and his -- and his wife were -- you know, were</p> <p>3 not coping very well. You know, he has always been</p> <p>4 very honest with me and has said to me that, you</p> <p>5 know, he found -- he found solace in drinking</p> <p>6 alcohol and so he had checked himself into a</p> <p>7 rehabilitation facility in Thailand. So there have</p> <p>8 been periods of time where he has been in rehab and</p> <p>9 then has come back. So there have been gaps, there</p> <p>10 have been gaps in the times that, you know, where</p> <p>11 he has been -- where he has been elsewhere</p> <p>12 receiving treatment for, you know, for -- you know,</p> <p>13 for solving medication with alcohol, but I have</p> <p>14 seen him -- I have seen him -- I have seen him over</p> <p>15 the years at intervals, and as I say, every time</p> <p>16 that I have seen him, he has -- he has presented in</p> <p>17 virtually the exactly the same way as I have -- as</p> <p>18 I have described to you.</p> <p>19 Q. Dr. Kampers, did there come a time when</p> <p>20 this hearing was previously scheduled when you</p> <p>21 wrote a summary of your treatment and findings of</p> <p>22 Simon?</p> <p>23 A. I -- I -- I wrote a medical report in</p> <p>24 April of 2023.</p> <p>25 Q. That's what I am referring to. So --</p>	<p style="text-align: right;">Page 1414</p> <p>1 Direct - Kampers</p> <p>2 A. That's correct.</p> <p>3 MR. BRICKMAN: Is the panel able to see</p> <p>4 the exhibit?</p> <p>5 ARBITRATOR KHEEL: Thank you. We should</p> <p>6 note we appreciate very much counsel giving us</p> <p>7 the thumb drive. It's been remarkably useful</p> <p>8 to us.</p> <p>9 Q. Looking if we could, Dr. Kampers, I want</p> <p>10 to draw your attention to, "He does continue to</p> <p>11 take his regular prescription", that paragraph. Do</p> <p>12 you see that?</p> <p>13 A. Yes.</p> <p>14 Q. "Which he gets from his GP as follows:"</p> <p>15 I just want you to describe for the panel the first</p> <p>16 is -- and a terrible pronunciation -- Citalopram?</p> <p>17 A. So the first one is Citalopram. So</p> <p>18 Citalopram is -- it's a medication that's known as</p> <p>19 an SSRI, selective serotonin reuptake inhibitor. I</p> <p>20 mean, the panel would most likely -- would all</p> <p>21 probably recognize the name Prozac. Prozac is in</p> <p>22 the same family as that class of medications. So</p> <p>23 it's a selective serotonin reuptake inhibitor, and</p> <p>24 what it means is it's used to treat both anxiety</p> <p>25 and depression, and when you see somebody who is on</p>
<p style="text-align: right;">Page 1413</p> <p>1 Direct - Kampers</p> <p>2 A. Yes. I wrote -- I wrote a medical</p> <p>3 report in April of '23, and I detailed that I</p> <p>4 hadn't seen him, you know, for a considerable</p> <p>5 period of time but that -- you know, my concerns</p> <p>6 about him, you know, have always been the same in</p> <p>7 terms of, you know, the very high level of stress,</p> <p>8 hypervigilance and constant autonomic hyperarousal</p> <p>9 that he was in. You know, described that --</p> <p>10 described that as what we call threat physiology</p> <p>11 where you are literally in a persistent fight or</p> <p>12 flight state. As if you are -- you know, that</p> <p>13 there is real imminent danger around you.</p> <p>14 Q. All right, Dr. Kampers, if the panel can</p> <p>15 turn to Exhibit 453. It's in the fourth volume.</p> <p>16 MS. CARDENAS: Does Dr. Kampers have</p> <p>17 access?</p> <p>18 MR. BRICKMAN: He has access, but we are</p> <p>19 going to share the screen so we can see it</p> <p>20 again.</p> <p>21 Q. Dr. Kampers, can you see the shared</p> <p>22 screen document?</p> <p>23 A. Yes, I could see that.</p> <p>24 Q. Is that the report you wrote in April</p> <p>25 2023?</p>	<p style="text-align: right;">Page 1415</p> <p>1 Direct - Kampers</p> <p>2 Citalopram at that dose, which is 40 milligrams and</p> <p>3 he -- that was under -- that's the dose he was on</p> <p>4 when he came to see me, that is, you know -- that</p> <p>5 is indicative of somebody that has been treated,</p> <p>6 you know, for depression and anxiety and that's the</p> <p>7 medication that he initially came to see me on. So</p> <p>8 that's what Citalopram is. It's a medication used</p> <p>9 to treat depression and anxiety. The second one --</p> <p>10 Q. Yes.</p> <p>11 A. -- is called Lamotrigine. So</p> <p>12 Lamotrigine is used by psychiatrists. It's also</p> <p>13 used by neurologists as an antiepileptic</p> <p>14 medication. In psychiatry it's used more as a</p> <p>15 medication to stabilize the mood. That's -- at</p> <p>16 that dose 200 milligrams per day, it is used as a</p> <p>17 mood stabilizer. The third one is Zolpidem. So</p> <p>18 those are known as the Z drugs that could be very</p> <p>19 similar to hypnotics that people would use.</p> <p>20 Valium, diazepam. Those are sleeping tablets and</p> <p>21 then the fourth one which is Trazodone, that is an</p> <p>22 old style antidepressant not used that much more as</p> <p>23 an antidepressant. It was at that dose, 50</p> <p>24 milligrams at night, that was being used for more</p> <p>25 for its sedative effects. So he was taking</p>

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<p style="text-align: right;">Page 1420</p> <p>1 Direct - Kampers</p> <p>2 In terms of -- in terms of your</p> <p>3 digestive system, your immune system, your</p> <p>4 lymphatic system, every single system of the body</p> <p>5 that needs to operate in, you know, in homeostasis</p> <p>6 is -- is negatively affected, which is why people</p> <p>7 present with such a variety of symptoms, physical</p> <p>8 symptoms, emotional symptoms and can have -- and</p> <p>9 can have negative consequences on all your --</p> <p>10 people are more prone to injuries, and if they are</p> <p>11 injured, they take much longer to recover. It's --</p> <p>12 it's the most unhealthy state to be in is a state</p> <p>13 of persistent autonomic arousal because you are in</p> <p>14 in survival mode, and in survival mode that is all</p> <p>15 your body and your brain do is they -- they are --</p> <p>16 they are fighting to survive, and so you know,</p> <p>17 day-to-day things no longer are important because</p> <p>18 it's -- it's all that is important as -- as I said</p> <p>19 to you before, the amygdala is -- it's a primitive</p> <p>20 part of our brain. It's not very good at being</p> <p>21 specific about what it considers to be dangerous or</p> <p>22 a threat. It's what you or I think well, that's</p> <p>23 not that bad, that's not that stressful, why should</p> <p>24 it do it. That's not how the amygdala works. It's</p> <p>25 a reptilian part of our brain that is trying to do</p>	<p style="text-align: right;">Page 1422</p> <p>1 Direct - Kampers</p> <p>2 time each day. Epilepsy is electrical activity in</p> <p>3 the brain that causes seizures to happen any time.</p> <p>4 When something happens more or less the same time</p> <p>5 each day, I explained to him he was able to</p> <p>6 function during the day.</p> <p>7 I think it was last occasion I saw him</p> <p>8 he actually showed me the room with his computer.</p> <p>9 I explained to him that, you know, he was able</p> <p>10 to -- you know, while he was working during the</p> <p>11 day, he was able to engage his frontal lobe, but it</p> <p>12 was in the evenings, you know, when he wasn't that</p> <p>13 hyperfocused on what he was doing that then the</p> <p>14 stress that he was under would effectively take</p> <p>15 over and because the brain -- his brain does not</p> <p>16 know how to deal with that stress, it dissociates</p> <p>17 and it dissociates into physical symptoms and those</p> <p>18 physical symptoms that it dissociates into are --</p> <p>19 were these seizures.</p> <p>20 If you have ever, you know, read -- most</p> <p>21 people would have heard of something called</p> <p>22 hysterical blindness, which was described many,</p> <p>23 many years ago and that's where people -- you know,</p> <p>24 it used to happen in women who would go blind and</p> <p>25 as described as hysterical blindness, and they</p>
<p style="text-align: right;">Page 1421</p> <p>1 Direct - Kampers</p> <p>2 its job. It perceives that a person is in high</p> <p>3 state of threat as if they were going to lose their</p> <p>4 life. They literally are -- your brain is in</p> <p>5 survival mode. I mean, your brain is in survival</p> <p>6 mode. That's all it's doing is you are just</p> <p>7 surviving.</p> <p>8 Q. Dr. Kampers, when was the last time you</p> <p>9 saw Simon Andriesz either remotely or --</p> <p>10 A. Yes. I would need -- if you can just</p> <p>11 take me out of this screen, just put me back into</p> <p>12 the normal mode so I can just look at my -- I guess</p> <p>13 the last time I saw Simon was towards the end of</p> <p>14 last year. So that was in November of last year,</p> <p>15 and again I am looking at my notes here. I saw him</p> <p>16 on Tuesday, the 14th of November last year, and he</p> <p>17 again described very high levels of anxiety and</p> <p>18 that is -- that is -- you know, he had sent me</p> <p>19 e-mails about this. That was when he was having</p> <p>20 these dissociative episodes that he described as</p> <p>21 seizures and that they would happen predominantly</p> <p>22 in the evening while he was no longer working and I</p> <p>23 explained to him then that the reason that was</p> <p>24 happening is that it wasn't epilepsy because you</p> <p>25 don't have -- you don't have epilepsy at the same</p>	<p style="text-align: right;">Page 1423</p> <p>1 Direct - Kampers</p> <p>2 would often be admitted into psychiatric</p> <p>3 facilities. That's an example of how when somebody</p> <p>4 is dissociated by that amount of stress, they can</p> <p>5 actually go blind. So the visual system does not</p> <p>6 work anymore.</p> <p>7 So when you asked me earlier how does it</p> <p>8 affect organ systems, hysterical blindness is a</p> <p>9 classic example of what stress can do to the</p> <p>10 system, and now you remove the stress and actually</p> <p>11 the people can see again. So you know, this has</p> <p>12 been documented in throughout history.</p> <p>13 Q. Dr. Kampers, just two more questions for</p> <p>14 you. When you saw Mr. Andriesz in November of last</p> <p>15 year, 2023, did you make any sort of determination</p> <p>16 that he no longer needed to be on his medications?</p> <p>17 A. Oh, no, no. What I actually suggested</p> <p>18 when I last saw him was I actually explained to him</p> <p>19 about somatic presentation, you know, that he was</p> <p>20 experiencing and that how his body was actually</p> <p>21 storing the trauma, I even recommended that if he</p> <p>22 could read the book that I described to you earlier</p> <p>23 by Dr. Bessel called The Body Keeps the Score so he</p> <p>24 could understand that, and at that time I also</p> <p>25 suggested that he also really needed to up-titrate</p>

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<p style="text-align: right;">Page 1424</p> <p>1 Direct - Kampers</p> <p>2 the dose of his Pregabalin, and we needed to get</p> <p>3 his Pregabalin, you know, to as close to the</p> <p>4 recommended dose in psychiatry and that we use that</p> <p>5 in combination with a benzodiazapine.</p> <p>6 And the benzodiazapine that I</p> <p>7 recommended was a medication called Clonazepam, and</p> <p>8 the reason I chose Clonazepam is because</p> <p>9 interestingly, Clonazepam is also used by</p> <p>10 neurologists for the treatment of epilepsy. Not</p> <p>11 that I thought that he had epilepsy, but it's very</p> <p>12 effectively when used in combination with</p> <p>13 Pregabalin as a -- as a synergistic medication. In</p> <p>14 other words, if by taking Pregabalin and Clonazepam</p> <p>15 together, the Clonazepam augments the Pregabalin</p> <p>16 and makes the Pregabalin work more effectively, and</p> <p>17 the Pregabalin augments the Clonazepam which makes</p> <p>18 the Clonazepam work more effectively. So you have</p> <p>19 two medications when used together augment each</p> <p>20 other, and you have a greater summary effect if you</p> <p>21 were using either of them as standalone</p> <p>22 medications.</p> <p>23 That's how worried about him I was.</p> <p>24 It's very seldom that I would recommend somebody</p> <p>25 up-titrate the dose of their Pregabalin to that</p>	<p style="text-align: right;">Page 1426</p> <p>1 Cross - Kampers</p> <p>2 that are all negative.</p> <p>3 Q. I really appreciate your time. Now the</p> <p>4 respondents get to ask you questions, Dr. Kampers,</p> <p>5 but I am done. I really appreciate you making</p> <p>6 yourself available.</p> <p>7 A. Sure.</p> <p>8 ARBITRATOR KHEEL: You can proceed but</p> <p>9 let me just ask Mr. Brickman a question. I</p> <p>10 understand your client is upset. I am</p> <p>11 prepared to go ahead. I assume Ms. Cardenas</p> <p>12 is. I just want to ask if you need a brief</p> <p>13 break.</p> <p>14 MR. BRICKMAN: No. We would like to</p> <p>15 push through because Dr. Morgan --</p> <p>16 ARBITRATOR KHEEL: That's fine. I am in</p> <p>17 favor of that. Ms. Cardenas, it's your</p> <p>18 witness.</p> <p>19 MS. CARDENAS: Thank you, Mr. Chair.</p> <p>20 CROSS-EXAMINATION</p> <p>21 BY MS. CARDENAS:</p> <p>22 Q. Good morning, Dr. Kampers. My name is</p> <p>23 Virginia Cardenas. I am counsel for respondents.</p> <p>24 Thank you for joining us. Let me know if I need to</p> <p>25 speak up at all. I just want to start by</p>
<p style="text-align: right;">Page 1425</p> <p>1 Direct - Kampers</p> <p>2 level. That's how concerned I was about him that</p> <p>3 because now what happened was he -- his -- you know</p> <p>4 his body was now starting to -- to -- you know, to</p> <p>5 demonstrate the levels of trauma that he was</p> <p>6 holding onto.</p> <p>7 Q. And my last question, Dr. Kampers, based</p> <p>8 on your treatment of Simon, did you make a</p> <p>9 determination as to whether or not he could</p> <p>10 function in his day-to-day life without being</p> <p>11 medicated?</p> <p>12 A. There is no way that he would be able to</p> <p>13 function on a day-to-day basis without medication.</p> <p>14 The medication he is taking at the moment is at</p> <p>15 best holding -- holding the situation. It's -- I</p> <p>16 think it's -- at the moment in terms of the</p> <p>17 medication that he is taking, it's -- it's -- it's</p> <p>18 a little bit of a firefighting exercise almost.</p> <p>19 You are using medication as a hose to try and put</p> <p>20 out a burning building kind of thing. So at best</p> <p>21 it's holding him. Without medication, I would be</p> <p>22 -- I would be extremely concerned about -- about</p> <p>23 him. I think that -- I don't know. I don't know</p> <p>24 what, you know, that degree of stress and trauma</p> <p>25 could do to him. There are so many possibilities</p>	<p style="text-align: right;">Page 1427</p> <p>1 Cross - Kampers</p> <p>2 clarifying the timing and frequency which which you</p> <p>3 saw Mr. Andriesz. The first time you testified was</p> <p>4 in July of 2022; is that correct?</p> <p>5 A. Well, I have never testified before but</p> <p>6 the first time I saw him.</p> <p>7 Q. Yes. First time you saw Mr. Andriesz.</p> <p>8 A. Yes. First time I saw him was after</p> <p>9 being referred to me by his GP. I first saw him in</p> <p>10 June of 2019.</p> <p>11 Q. The first time you saw him was in June</p> <p>12 of 2019?</p> <p>13 A. Yes. He was referred to me. He was</p> <p>14 referred to me by his -- by his GP. I am just</p> <p>15 trying -- yes. My screen has frozen.</p> <p>16 Q. Are you referring to some notes you took</p> <p>17 of Mr. Andriesz's visits, or what are you referring</p> <p>18 to?</p> <p>19 A. Yes. So bear in mind that every time</p> <p>20 that I have seen -- I have only -- I have only ever</p> <p>21 been -- I have only ever seen Mr. Andriesz</p> <p>22 remotely. I haven't seen him face-to-face in terms</p> <p>23 of my -- the first time I saw him so I wrote the</p> <p>24 days wrong. My screen -- give me a second. My</p> <p>25 screen just froze on me. I need to go out of that</p>

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<p style="text-align: right;">Page 1436</p> <p>1 Cross - Kampers</p> <p>2 were not the cause of how he presented to me.</p> <p>3 Those in the context of what tipped the balance,</p> <p>4 what was -- what was the -- what was the -- what</p> <p>5 tipped the balance in terms of, you know, whether</p> <p>6 or not he had PTSD that was previously not fully</p> <p>7 treated or not fully processed, what was -- for all</p> <p>8 intents and purposes, what was the straw that broke</p> <p>9 the camel's back, and it was very clear that that</p> <p>10 -- from a description of his GP and from a</p> <p>11 description of Simon were related to those events.</p> <p>12 He was not in that state for all those years.</p> <p>13 Q. So Mr. Andriesz presented to you in June</p> <p>14 of 2022, July of 2022 and based on his state then,</p> <p>15 you determined that he was suffering from PTSD at</p> <p>16 that time, correct?</p> <p>17 A. Complex PTSD.</p> <p>18 Q. Complex -- I'm sorry. I don't mean to</p> <p>19 misspeak. Complex PTSD. Are you aware?</p> <p>20 A. And I said complex PTSD and a state of</p> <p>21 what was really important, really was a state of</p> <p>22 amygdala hijack. That's how severe that trauma had</p> <p>23 been -- how severe his trauma presentation was</p> <p>24 that, you know, it -- it had the complexities that</p> <p>25 he had gone into amygdala hijack into persistent</p>	<p style="text-align: right;">Page 1438</p> <p>1 Cross - Kampers</p> <p>2 Q. Okay. Go ahead.</p> <p>3 A. It's not as simple as a yes or no.</p> <p>4 Because obviously working in the financial sector,</p> <p>5 you know, all of those environments can be -- you</p> <p>6 know, can be stressful -- can be stressful events</p> <p>7 but so -- but that's not what was described to me.</p> <p>8 What was described to me was the events surrounding</p> <p>9 the whistleblowing litigation in relation to that.</p> <p>10 That is the -- that was the description of the --</p> <p>11 despite it -- irrespective of how he had not seen</p> <p>12 that -- you know, his employer forward, as I said</p> <p>13 earlier, the amygdala is not a very good measure of</p> <p>14 time. It's not a very good measure of what is</p> <p>15 threatening in time. Yes, he may well be working</p> <p>16 in other stressful environments, but to attribute</p> <p>17 that that be the cause of his presentation in the</p> <p>18 way that he presented to me in the context of this</p> <p>19 case, I -- I -- I think that would be irrespective</p> <p>20 of other stressful environments. There was a far</p> <p>21 more -- a causal relationship in terms of the</p> <p>22 whistleblowing instance and how that -- how that</p> <p>23 unfolded for him.</p> <p>24 Q. Are you aware in 2015 during the time he</p> <p>25 was employed by my client that Mr. Andriesz</p>
<p style="text-align: right;">Page 1437</p> <p>1 Cross - Kampers</p> <p>2 survival mode, and he was in persistent survival</p> <p>3 mode not because of what he witnessed in his</p> <p>4 childhood, not because of the events that had</p> <p>5 happened to him in his life. He had gone into that</p> <p>6 state of persistent amygdala hijack and persistent</p> <p>7 -- in relation to the events that were surrounding</p> <p>8 the whistleblowing events. That's what tipped the</p> <p>9 balance.</p> <p>10 Q. Are you aware of in July of 2022 Mr.</p> <p>11 Andriesz had not been employed by my client or had</p> <p>12 any contact with them in more than five years?</p> <p>13 A. I didn't know that specifically, no.</p> <p>14 Q. Are you aware that Mr. Andriesz in the</p> <p>15 intervening five years had worked for other</p> <p>16 financial services firms?</p> <p>17 A. I think he did mention that to me, yes.</p> <p>18 Q. And you agree, based upon your</p> <p>19 discussions with Mr. Andriesz, that those were</p> <p>20 stressful work environments, right?</p> <p>21 A. When a person is -- when a person is --</p> <p>22 Q. Are you able to give me a yes or no to</p> <p>23 that? I just want to move this along.</p> <p>24 A. It's -- well, it's not as simple as a</p> <p>25 yes or no.</p>	<p style="text-align: right;">Page 1439</p> <p>1 Cross - Kampers</p> <p>2 experienced a stressful divorce?</p> <p>3 A. Sorry. Can you repeat the question?</p> <p>4 Q. Are you aware during 2015 during the</p> <p>5 time that he was employed by my client Mr. Andriesz</p> <p>6 experienced a stressful divorce?</p> <p>7 A. Yes. Yes. I mean, I know that he was</p> <p>8 going through a divorce.</p> <p>9 Q. Just a couple more questions. I can</p> <p>10 take this down.</p> <p>11 A. Just can I also just add to that? I</p> <p>12 have -- I have in my 25 years as a psychiatrist</p> <p>13 never seen a stressful divorce -- and I have seen</p> <p>14 many people go through a stressful divorce --</p> <p>15 create this situation. So to attribute, you know,</p> <p>16 his presentation to -- you know, to a sequence of</p> <p>17 childhood events or to a stressful divorce as to</p> <p>18 why he presented like that at that time, I think</p> <p>19 that I have never -- I have never seen anybody</p> <p>20 present like that after a stressful divorce or even</p> <p>21 a -- during a stressful divorce.</p> <p>22 Q. Stress is a trigger to PTSD; is that</p> <p>23 right? I think that was your testimony earlier.</p> <p>24 A. That stress can trigger -- can trigger</p> <p>25 untreated unprocessed PTSD, yes.</p>

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1 Direct - Morgan
2 whom my secretary sent it out. We certainly shared
3 it with Simon as a means of referral if he went to
4 see somebody, but I am not sure -- I am not sure
5 without recourse to the notes whether that was --
6 to whom it was sent.
7 Q. In the course of your initial
8 consultations with Simon, were you made aware of
9 anything that could have caused the symptoms you
10 observed that had happened after he left his
11 previous employer, between the time he left his
12 previous employer which was in January -- late
13 January, 31st of January, 2017, and when he saw you
14 on October of 2017? Does that question make any
15 sense to you, or do you need me to rephrase it?
16 A. I think I understand the question but so
17 I will answer certainly. I guess the short answer
18 is no, it -- I wasn't made aware of any other
19 events as it were. My understanding was that he
20 left his previous employment in early 2017, which
21 for reasons as was previously discussed. At the
22 time I saw him, he had moved back to London. As I
23 say, had this new employment and had been working
24 there for around a week and had found that he
25 was -- as I understand it, there had been contact

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1 Direct - Morgan
2 between his previous employer and his new employer
3 which led to him being questioned about things
4 which he felt was inappropriate contact and he was
5 very much triggered and distressed by that
6 situation. I wasn't aware of any events if you
7 like in the intervening eight or nine months,
8 whatever that is.
9 Q. And this is quintessentially a layman's
10 question the way I am about to phrase it, and if
11 you are able to answer, I would appreciate it, Dr.
12 Morgan. Has Simon presented to you recently that
13 he no longer suffers from the symptoms he described
14 to you when you first met him? In other words, has
15 he been cured?
16 A. No. In short --
17 Q. Is it your determination that he still
18 needs these antidepressants and antianxiety
19 medications?
20 A. Very much so.
21 Q. When you say "very much so", can you
22 explain what you mean by that to the panel?
23 A. I mean, he still when I -- when I have
24 spoken to him, as I say last time was in December,
25 he remains unwell from a posttraumatic stress point

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1 Direct - Morgan
2 of view. He describes physical symptoms of
3 distress at various times. He has had unusual
4 pains and tingling and different parts of the body.
5 His sleep is disturbed. He -- he feels anxious.
6 He has episodes where he is angry or irascible for
7 what might be viewed as small external triggers.
8 He experiences symptoms of dissociation. All and
9 -- and I am sure other things which aren't coming
10 to mind but all symptoms of ongoing active
11 posttraumatic stress disorder, which is barely
12 managed by the -- by the medication that we have
13 him on.
14 Q. Dr. Morgan, have you ever treated Simon
15 during the -- I guess it's more than six years now,
16 correct, that you have seen him?
17 A. Correct. Yes.
18 Q. Have you ever treated him for
19 alcoholism?
20 A. I have not. I think he told me -- I
21 think he told me at some point that he had attended
22 AA for alcohol dependency at some point in the
23 distant past. Again, without consulting, I would
24 struggle to give you the date, but I think around
25 2000 or early 2000s is when he stopped drinking.

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1 Direct - Morgan
2 Q. Are you familiar with AA?
3 A. I am certainly familiar with the
4 concept, yes.
5 Q. Do only alcoholics attend AA meetings?
6 A. Well, that's -- do I know enough to
7 answer that question?
8 Q. And if you don't, I don't want you to
9 speculate or answer something you don't know based
10 on your experience and knowledge.
11 A. I mean, I guess what I would say is I
12 know that AA is -- it's a voluntary organization.
13 So people who are attending are attending for their
14 own reasons, and I would say that, you know, they
15 have taken themselves there because they feel they
16 have a problem with alcohol. Whether you qualify
17 that as being alcoholic is probably a hard to
18 define thing.
19 Q. And I just want -- I want to end Dr.
20 Morgan, and I think you mentioned in passing, when
21 is the last time you saw Simon?
22 A. The last time I spoke to Simon by
23 telephone was in December of 2023. The last
24 face-to-face meetings with a little longer ago and
25 I can't give you the exact date, but I think it was